Child and Adolescent Mental Health Division
2007-2011 Strategic Plan Work Plan

PRIORITY AREA #1:   **DECREASE STIGMA AND INCREASE ACCESS TO CARE**

<u>Overarching 4-year goals</u>:   Complete an evaluation of the anti-stigma initiative
Demonstrate evidence of clear and diverse youth voice guiding all aspects of the system
Demonstrate clear diverse family partnerships driving all aspects of the system
Increase statewide penetration rate of services for children and youth

MP #	GOAL	ACTIVITIES	DELIVERABLE PRODUCT	UNIT (S) RESPONSIBLE	DATE DUE
1.1	***DEVELOP & IMPLEMENT ANTI-STIGMA STRATEGIC PLAN***	**1.1.1** –Create a multi-cultural committee, including youth & families, charged with defining stigma, reviewing the national anti-stigma initiatives, and making formal recommendations to EMT on Hawaii's anti-stigma plan.	Anti- Stigma Committee (ASC) established.	EMT	1/07
			ASC submits Anti-Stigma Plan to EMT for approval	Chair, ASC	9/07
			ASC quarterly reports to EMT include updates on national initiatives, implementation of plan, and any formal recommendations	Chair, ASC	12/07, 3/08 6/08, 9/08 12/08
		1.1.2 – Identify and address cultural factors contributing to stigma	Issues of culture and impact on stigma clearly evident in strategic plan	Chair, ASC	9/07
		1.1.3 – Provide community education about emotional and behavioral needs of children and youth	1.1.3 a - Run 2 public service announcements per year 1.1.3.b - Address social marketing strategies the anti-stigma strategic plan 1.1.3.c – Include routine public education and outreach in anti-stigma strategic plan	1.1.3.a – Planner 1.1.3.b – Chair, ASC 1.1.3.c – Chair, ASC	12/07, 12/08 9/07 9/07

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		1.1.4 Hold statewide activities for children's mental health awareness week in May of each year, October events for Children & Youth Day and Beyond the Blues.	Report provided to EMT regarding the activities held for each event	Planner to provide report BCs, CSO, PM to participate	6/07, 11/07 6/08, 11/08
		1.1.6 Pursue funding opportunities to support anti-stigma initiatives	Quarterly reports to EMT re: Grants/other funding requests submitted	ASC Chair, Planner	12/07, 3/08 6/08, 9/08 12/08
		1.1.7 Identify benchmarks and include measurable objectives in anti-stigma plan	Plan includes measurable objectives	ASC Chair	9/07
		1.1.8 Profile success stories of youth with the public in CAMHD work (newsletter, performance reports, website).	Positive stories will be presented to EMT	ASC Chair	12/07, 3/08 6/08, 9/08 12/08
		1.1.9 Provide training about stigma to CAMHD staff and providers.	Training schedule and sign in sheets	Training Committee Chair	1/2009
1.2	***STRENGTHEN YOUTH VOICE IN THE INDIVIDUALIZED SERVICE PLANNING PROCESSES***	**1.2.1 –** Define the core components of a successful youth planning meeting	Provide report to training committee on the expected components of "<u>youth guided</u>" individualized planning meeting	Branch Chiefs provide reports, after surveying staff, youth, and families	3/2007
		1.2.2. – Provide training on the elements of youth involvement in the individualized planning meetings (incorporate into MHCC foundation training and CSP booster training)	1.2.2.a -Training Curriculum approved by Training Committee 1.2.2.b -Training schedules incorporated in quarterly training reports to PISC	CAMHD Training Committee Chair	9/2007 12/07, 3/08, 6/08, 9/08,12/08
1.3	***STRENGTHEN YOUTH VOICE IN SYSTEM ISSUES & DEVELOPMENTS***	**1.3.1** Identify roles, responsibilities and skills needed for youth participation in councils	Youth/Young Adult Councils to provide recommendations to EMT.	HFAA, Wai Aka	3/07

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		1.3.2 Identify youth from each FGC section to participate in a youth council	HFAA and Wai Aka Youth Councils minutes would reflect CAMHD youth participation	FGC Chief	5/07
		1.3.3 Develop a communication plan that reaches out to youth and train care coordinators in how to explain youth activities	Written communication plan on how to talk to youth about activities	HFAA, Wai Aka, FGC Chiefs	5/07
		1.3.4 Contracted agency youth specialists participate in Youth Council meetings at least quarterly	Council minutes to reflect participation	HFAA, Wai Aka, PM	6/07, 9/07 12/07, 3/08, 6/08, 9/08
		1.3.5 Implement anonymous youth survey about services and system	Survey results and recommendations shared with EMT and all CAMHD youth	HFAA, Wai Aka	1/08
		1.3.6 Develop plan to strengthen youth involvement in legislative process	Youth and young people participating in legislative process	HFAA, Wai Aka	1/08
		1.3.7 Request DOE offer credit or excused absences for youth participation in council activities or treatment planning meetings	Letter to DOE Superintendent	HFAA, Wai Aka, FGC Chiefs	6/07
1.4	*STRENGTHEN FAMILY VOICE ACROSS ALL ASPECTS OF THE SYSTEM*	**1.4.1** Provide boostertraining for all care coordinators and their supervisors on maintaining family engagement and empowering families to drive their individualized service plan. Training sign in sheets	Training curriculum approved by Training Committee	CAMHD Training Committee Chair CSO	9/2007 12/07, 3/08, 6/08, 9/08,12/08
		1.4.2 Provide strong outreach and encouragement for FGC families to become involved with HFAA	1.4.2.a HFAA invitation letter 1.4.2.b HFAA invitation letter in quarterly Summary of Service Report 1.4.2.c QA check Care coordination notes for encouragement to contact HFAA	HFAA HFAA FGC QA Specialist	6/07 9/07 9/08 12/07, 6/08

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		1.4.3 Increase parent partners as active partners in FGC	Each FGC has parent partner with office space and standing office hours in FGC	BCs HFAA	6/07
		1.4.4 Increase involvement of parent partners in intake process at FGC	QA monitoring report on % of families having Parent Parent active at intake	FGC QA specialist	6/07, 9/07, 12/07
		1.4.5 Provide integrated training on engagement and advocacy for parent partners, CCC and FGC staff (all together)	Training Curriculum approved by Training Committee Training Attendance Sheets in all communities	CSO & Training Committee Chair CSO	9/07 3/08
		1.4.6 Sponsor Family Events at FGC	Each FGC Chief reports to EMT on 2 family events per year (include date and attendance)	BC	12/07, 12/08
		1.4.7 Assure Family Member participation on all FGC Management Teams	FGC Management Team Meetings show family participation	BC HFAA	12/07, 12/08
		1.4.8 Secure funding to support family participation in system meetings	Funded obtained	Planner	10/07, 10/08
1.5	*IMPROVE ACCESS TO CARE FOR THE GENERAL COMMUNITY*	**1.5.1** Establish role of SEBD (?) intake coordination at every branch to manage and facilitate referrals	Role and responsibility defined in each branch	BC	6/07
		1.5.2 Develop Division plan for managing workload of care coordinators as census increases	Plan approved by EMT	EMT	6/07
		1.5.3 Expand roles of higher education students to conduct mental health assessments in all FGCs	Multidisciplinary students in all FGCs	Branch Chiefs Univ. Partners	9/07
		1.5.4 Develop social marketing plan about eligibility and services	Plan approved by EMT	Planner EMT	9/07
		1.5.5 Establish CAMHD Call Center	Call Center established	PHAO	9/07

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		1.5.6 Develop resource materials/information to be sent to all SEBD enrolled families	Materials	QUIC	10/07
		1.5.7 Create practicum opportunities for BSWs as case aides for branches	BSWs in FGCs	Branch Chiefs Univ. partners	10/07
		1.5.8 Create profile stories of youth with a CAFAS of 80 and disseminate to all partners	Profiles sent to all partners	CSO & EMT	10/07
1.6	*IMPROVE ACCESS TO CARE FOR THE CHILD WELFARE SYSTEM*	**1.6.1** Procure training for DHS staff in identifying children with mental health needs and doing functional assessments (CAFAS)	Mental health identification and treatment needs of children in child welfare training held	CSO & Training Committee	12/07
		1.6.2 Provide training for DHS staff and DHS foster parents on SEBD referral process	SEBD referral Training for DHS workers and foster parents held	FGC Chiefs & Training Committee	12/07
		1.6.3 Assure timely identification and services to youth referred from Child welfare system	Quarterly QA review shows services begin within 30 days of first contact	FGC Chiefs & FGC QA	6/07, 9/07, 12/07, 3/08 repeat
1.7	*IMPROVE ACCESS TO CARE FOR THE JUVENILE JUSTICE SYSTEM*	**1.7.1** Develop agreements about how to provide mental health treatment to youth who are deemed by judiciary to be a community safety risk	Agreements completed	DOH, Judiciary, OYS	1/08
		1.7.2 Provide training to P.O.s on SEBD referral process	SEBD training held	FGC Chiefs & Training Committee	1/07
		1.7.3 Develop initiative to reduce youth with mental health needs in DH or HYCF	DH/HYCF initiative developed	EMT, OYS, FC	7/07
		1.7.4 Resolve barriers to treatment due to language of court orders	JJ involved youth not in custody of OYS or on furlough	EMT, OYS, FC	1/08

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1.8	*STRENGTHEN ACCESS TO CARE FOR THE EDUCATION SYSTEM*	**1.8.1** Provide training to care coordinators on the ES criteria to assure that there are not undue barriers to services	FGC Staff Meeting minutes show evidence of training	FGC Chief	3/07
		1.8.2 Assure that the interagency district QA is monitoring data regarding complex peer review meetings quarterly.	Review of Interagency District QA shows clear evidence of local oversight of peer review meetings	Interagency QA Chair	7/07, 10/07, 1/08, 4/08, 7/08, 10/08
1.9	*STRENGTHEN ACCESS TO PRIMARY CARE*	**1.9.1** Develop and distribute education and information about CAMHD eligibility and services	Mailout profiles of SEBD youth to pediatricians	CSO	7/07
			Provide profiles to Hawaii Primary Care Association for distribution to their members	CSO	9/07
		1.9.2 Recommend tools,such as PEDS and Strengths & Diffidulties Questionnaire, for use by pediatricians	Included in profiles and mailouts	CSO	9/07
1.10	*STRENGTHEN PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS*	**1.10.1** Identify key community groups in each area, and outreach plan to each	FGC Chiefs to provide report to EMT on the community analysis	Chiefs to EMT	10/07
		1.10.2 Provide information and education to identified groups	Meeting Agenda and summary provided quarterly to EMT	Chiefs	12/07, and quarterly
		1.10.3 Formalize community level partnership agreements	Agreements submitted to EMT	Chiefs	6/08
		1.10.4 Increase the identification and use of community groups in CSP	QA quarterly report shows increasing trend in "use of community supports in CSPs"	FGC QA & Chiefs	9/07, quarterly

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1.11	*STRENGTHEN OUTREACH TO YOUTH IN CRISIS (homeless & suicidal)*	**1.11.1** Define role of CAMHD in State Suicide Intervention Plan	Clear report on role to EMT	CAMHD task force rep., EMT	3/07
		1.11.2 Expand services to homeless youth (beyond block grant programs)	Develop Joint Interagency agreements with AMHD	Planner	7/07
		1.11.3 Establish Suicide Awareness and Prevention Week programs	Proclamation and week of events planned	CAMHD task force rep.	1/08
		1.11.4 Implement suicide prevention and intervention initiatives as in state plan	CAMHD follows state plan initiatives	CAMHD task force rep.	12/07, 12/08

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PRIORITY AREA #2: IMPLEMENT AND MONITOR EFFECTIVENESS OF COMPREHENSIVE RESOURCE MANAGEMENT PROGRAM

Broadly stated 4 year goal: Develop "Real Time" Data feedback capacity
                                     Each Community will have comprehensive array of mental health services

MP #	GOAL	INITIATIVE	DELIVERABLE PRODUCT	UNIT(S) RESPONSIBLE	DATE DUE
2.1	*IMPROVE QUALITY OF UTILIZATION MANAGEMENT (UM) DATA REPORTING (Timeliness and analysis)*	**2.1.1** – Design plan for using "real time data" for Out of Home UM reporting.	1. Completed plan developed. 2. Waitlist produced that is accurate and as real-time as possible (See IT strategic priority area #6)	1.CSO – RM/ 2. CSO, FGC and MIS	July 2008 March 2008
		2.1.2 – Design plan to increase the effectiveness of UM reporting by adding outcome data (i.e. CAFAS CALOCUS, MTPS, and other outcome measures as developed) to UM Quarterly Report data	Plan for modified quarterly UM report with outcome measures	Research & Evaluation Specialist, CSO-RM and ISD	July 2009
		2.1.3 Design plan to ensure that the UM Quarterly Report guides CAMHD resources	1. Plan designed that includes the following elements: a) Completed stakeholder surveys on what information would be useful to them b) UM reports that provide the requested information c) Stakeholders training plan	1. CSO and Research & evaluation specialist a) CSO - RM b) CSO and Research & Evaluation Specialist	1. July 2009 a) December 2008 b) July 2009

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			on current UM Reports (i.e. content, frequency, availability of special reports, etc.) as evidenced by sign-in sheets. d) Communication of "real-time" out-of-home census data	c) CSO – RM d) See IT strategic priority area #6.	c) December 2010 d) See IT strategic priority area #6.
2.2	DEVELOP AND ADJUST RESOURCES IN A TIMELY & EFFECTIVE MANNER BASED UPON IDENTIFIED NEEDS	2.2.1- Design Access Plan to ensure access to needed services for youth with identified special needs	1. Access Plan developed 2. Meetings with FGC and Providers convened on a regular basis to identify and address access with barriers Minutes and sign-in sheets completed	CSO – RM and FGC 2. FGC and CSO- RM	1. March 2008 2. March and on-going as needed
		2.2.2 - Design a master plan for developing new services and for adjusting capacity of CAMHD services in a timely and effective manner.	1. Master Plan with implementation plan for developing new services and adjusting capacity of services in a timely and effective manner including P&P's	1. CSO – RM Providers / Contracts	1. March 2008
		2.2.3 Design a plan for services and service array for dual diagnosed youth including MI and	1. Plan completed including needs assessment 2. RFP released for procurement of needed	1. CSO – DDD- ADAD 2. Contracts/ CSO	1. July 2008 2. July 2009

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		substance abusing youth and DDD or PDD and MI youth	services		
		2.2.4 – Design a plan for improving comprehensive supports for youth age 16-21 (including supported housing)	1. Plan for improving supports designed including: a) Identifying and referring youth who would qualify for AMHD b) Expanded ILP services available. c) Expand collaboration with vocational services/programs d) Training for youth e) Research completed on entitlements available for youth f) Application process defined, and needed forms identified and available for youth receive for all financial entitlements available to them g) Comprehensive resource list obtained or	1. Task force including CSO – RM, HFAA, FGC, HYHY and Transition Specialist a) FGC b) CSO c) CSO transition specialist /HFAA d) CSO – PD & FGC e) CSO – RM & Transition Specialist f) CSO – RM & transition specialist	1. June 2008 a) July 2008 b) July 2009 c) July 2008 d) December 2008 and on-going e) June 2008 f) July 2008

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			developed for all islands, agencies, services, etc. e.g. ASK 2000 and 211.	g) CSO – RM/HFAA	g) July 2009
		2.2.5 – Design plan for Earlier Intervention Services for Children age 3-9	1. Design Earlier Intervention Services Plan including:	1. Earlier Intervention Task Force with CAMHD Planner, Early Intervention Specialist (position to be established), SEBD Intake Coordinator, Contracts Office, Interagency Quality Assurance Committee, PHAO Representative, EBS Committee Representative and CSO RM Supervisor	1. December 2009
			a) Investigation of funding sources for prevention /early intervention services completed	a) CAMHD planner	a) January 2009
			b) Recommendations for identifying young children at risk via CPS interventions, WIC, Public Health Nursing, Early Intervention, Healthy Start, Head Start, EPSDT, Good Beginnings, etc.	b) Interagency QA Committee, Early Intervention Specialist, SEBD Intake Coordinator, CSO - RM	b) January 2009
			c) Recommendations for CAMHD service array for children age 3-9	c) Earlier Interventions Task Force	c) January 2009

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			d) Recommendations for DOE and CAMHD that ensure appropriate services are in place to address mental health issues that occur outside the school setting.	d) Earlier Interventions Task Force	d) July 2009
			e) Training /curriculum on early identification of mental health issues offered / provided to DOE & DHS	e) Training Committee / CSO PD	e) January 2009
			f) Recommendations for the best identification and assessment instrument/s to use with this age group.	f) EBS Committee	f) December 2008
			g)Schedule for release of needed RFP's	g) CAMHD Contracts Section	g) July 2009
			h) Grant applications submitted for funding of these services	h) CAMHD Planner	h) July 2009
		2.2.6 – Design plan to ensure the availability of culturally diverse services	1. Plan for ensuring availability of culturally diverse services that includes:	1. Task Force including CSO RM, CSO PD, FGC representative, HFAA, HYHY	1. December 2008
			a) Cultural specialist position required for OOH providers in 2007	a) Contracts / CSO	a) Completed July 2007

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			RFP		
			b) Report on identified cultural gaps in services	b) Task Force	b) July 2008
			c) Report completed on cultural competency of assessments and services provided by CAMHD including recommended changes	c) EBS Committee	c) October 2008
		2.2.7 – Develop Prevention Service Program based upon work of the Evidenced Based Primary Prevention Committee (EBPP)	1) Prevention Service Program including: a) Findings and recommendations for prevention b) Input / recommendations from stakeholders on prevention services received / consolidated c) Plan for release of Prevention Service RFP and implementation plan	1. EBPP Committee a) EBPP Committee b) CSO – RM & PD c) CSO/Contracts	1. December 2007 a) December 2007 b) July 2007 c) July 2008
		2.2.8 – Develop a plan to ensure the availability of competent trauma assessments and trauma focused treatment services	1) Plan for Trauma Assessments and Trauma focused treatment services including: a) Training program for evaluation of PTSD /Trauma	1. CSO – PD a) CSO – PD /	1. December 2008 a) December

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			b) Training manual for evaluation and treatment of PTSD/trauma	Training Committee b) CSO – PD / Training Committee	2008 b) March 2009
			c) Training and implementation strategies developed for increasing engagement skills in working with traumatized youth	c) CSO – PD / HFAA and HYHY	c) June 2009 and on-going
		2.2.9 – Develop a comprehensive programs for girls in JJ system	1. Program for girls in the JJ system developed including	FCLB, CSO RM, CSO PD	1. September 2008
			a) Report on status and components of current programs in HYCF and DH completed	a) FCLB	a) January 2008
			b) Comprehensive MH assessment and treatment plan for all female youth at HYCF	b) FCLB	b) July 2008 and on-going
			c) Training/s provided on characteristics of girls with Conduct Disorder	c) CSO – PD	c) July 2008
			d) Plan to integrate and coordinate CAMHD and OYS services including youth needing assistance with alternative services	d) FCLB / OYS	d) August 2008 and on-going

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			e) Report on what services are available via OYS	e) CSO – RM / FCLB	e) January 2008
			f) Presentations on CAMHD, SEBD, etc. to Family Court judges	f) FCLB, CAMHD Medical Director / Branch Chiefs, CSO PD	f) December 2008
			g) Grant application for "girls who run" submitted	g) CAMHD planner	g) September 2008 or by federal stated deadline
		2.2.10 – Assess and strengthen the service array for neighbor islands and rural communities	1. Needs Assessment completed regarding services needed for neighbor islands and rural communities 2. RFP issued based on needs assessment	1. CSO in conjunction with FGC and research and evaluation specialist 2. Contracts	1. December 2008 December 2009
		2.2.11 Develop a comprehensive plan to strengthen TFH access for youth who are not accepted to TFH within 30 days of referral	Comprehensive plan to increase TFH access including implementation plan and timeline	CSO / Provider Representatives/ FGC representatives/ HFAA/ HYHY	Sept 2008
		2.2.12 Develop CAMHD P&P re: CSO Requests for Assistance (time frames, how youth are prioritized, feedback loops, etc)	CAMHD P&P developed	CSO – RM & PD	August 2007

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PRIORITY AREA #3: IMPLEMENT A PUBLICLY ACCOUNTABLE PERFORMANCE MANAGEMENT PROGRAM

Broadly stated 4 year goals: Implement an annual QAIP program meeting BBA/EQRO requirements
Strengthen the integration of performance data with all aspects of system management
Demonstrate consistent community engagement in performance evaluation

MP #	GOAL	INITIATIVE	DELIVERABLE PRODUCT	UNIT(S) RESPONSIBLE	DATE DUE
3.1	*Implement annual community and state Quality Assurance & Improvement Programs*	3.1.1 Develop standards for key components of quality management programs	Written standards for key components of quality management programs.	PM, Branches, Providers	June 2007
		3.1.2 Describe a "practice model" for Hawaii's mental health service system's performance management that will build uniform performance management theories and practices in all care settings.	Narrative description and supporting graphics of the practice model	Providers, PM, Branches	June 2007
		3.1.3 Define performance management infrastructure that needs to be in place at various levels of the service system and how describe how performance data review and decision making on improvements should flow in our systems	Written description and flowchart (of the structures and performance data flow	PM, Branches, Providers	August 2007

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MP #	GOAL	INITIATIVE	DELIVERABLE PRODUCT	UNIT(S) RESPONSIBLE	DATE DUE
		3.1.4 Conduct and monitor training across the system on core components of quality management; train through didactic and modeling/ mentoring/ coaching	Training curriculum and training scheduled/documentation of training/monitoring tools	PM, Branches, Providers	June 2009
		3.1.5 Build organizational practices and infrastructure that support managing performance management ("culture of performance") integrated at all levels of system; make this a major CAMHD initiative.	Evidence of Quality Assurance and Improvement Programs in all entities: CAMHD and providers	PM, Branches, Providers, EMT	December 2010
		3.1.6 Integrate the use of performance data at the level where program and quality of care decisions are made.	Minutes of meetings in the Central Office, Branches and provider agencies reflecting discussion of performance and decisions about improvements based on review of data.	PM, Branches, Providers, MIS	April 2008
		3.1.7 Provide technical assistance to anyone requesting it regarding how to build performance management systems and practices.	Log of requests/offers for TA	PM, RES, MIS	December 2007

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MP #	GOAL	INITIATIVE	DELIVERABLE PRODUCT	UNIT(S) RESPONSIBLE	DATE DUE
		3.1.8 Execute contract to export use of "client to system" level data from CAMHMIS to providers as defined by data that is linked through the client-level to data about performance of MHCCs, to caseloads, to Branches, to the entire system.	Contract for provider access to specific data	Contractor	January 2007
		3.1.9 Share best practices in QA that are working across system	Standing agenda item in Provider Quarterly Meetings/Branch meetings and Newsletters	Provider Relations Specialist, PM and Branches	June 2007
		3.1.10 Strengthen assessment and monitoring practices that enhance and develop performance management practices including	Monitoring protocol	PM	April 2008
		3.1.11 Develop evaluation methodology to assess organizational climate and organizational culture including "real-time" observation of operations (e.g.: QA meetings, management meetings, case	Methodology protocol	PM	July 2008

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		review meetings, trainings, and supervision sessions.			
		3.1.12 Execute a contract to conduct a study of variations in outcomes based on organizational culture and climate	Contract	PM/Contracts	July 2009
3.2	*Perform Annual Evaluation with recommendations for system refinements*	3.2.1 Use previous reports as standard for writing Annual Evaluation	Annual Report reflective of previous	UH & Research/Evaluation Specialist (RES)	January 2007
		3.2.2 Assure resources for producing data analysis/writing report	Position filled or contract	CAMHD Chief	January 2007
		3.2.3 In successive annual reports, report on actions taken on recommendations	Section of report on actions taken	UH/RES	December 2008, 2009, 2010
		3.2.4 Assure branches get timely feedback from Annual evaluation	Web posting of annual evaluation	RES	February 2007, 2008, 2009, 2010

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3.3	*Consistent partnerships with DOE and Child Welfare Services in Cross Agency case based reviews*	3.3.1 Identify reviewer pool to include providers	Reviewer pool identified	PM	January 2007
		3.3.2 Train reviewer pool	Training sign in sheets	PM to coordinate with CWS, DOE	June 2007
		3.3.3 Coordinate schedule and assign reviews	Reviewers names on schedule	PM	March 2007
		3.3.4 Identify ways to strengthen linkages and interventions for DOE and CWS involved youth who need mental health services	MOA	PM, CSO, Branches	June 2007
		3.3.5 Report to CAMHD on experiences and findings	Meeting minutes	Reviewers/PM	December 2007
3.4	*Facilitate Interagency QA Group meetings at the community and state levels*	3.4.1 Continue current practices for Interagency QA	QA minutes	Interagency QA Committees	January 2007-December 2010
		3.4.2 Finalize and have Director's sign Interagency QA Memorandum of Agreement	MOA	PM	February 2007

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3.5	*Demonstrate compliance with Balanced Budget Amendment 1997 (Medicaid Final Rules for Managed Care Organizations*	3.5.1 Develop a management plan for training on compliance and documentation requirements including list of all deliverables	Management plan	PM	January 2007
		3.5.2 Identify role groups to receive training	List of targeted role groups	PM	January 2007
		3.5.3 Conduct trainings	Training sign-in sheets	PM	February 2007 and ongoing
		3.5.4 Track deliverables	Deliverable tracking showing completion of all deliverables	PM	March 2007 and ongoing
3.6	*Develop feedback linkages between performance data and all levels of system management/policy decisions*	Please note that this goal is addressed by the same initiatives as in 3.1 3.6.1 Define performance management infrastructure that needs to be in place at various levels of the service system and how describe how performance data review and decision making on improvements should flow in our systems.	3.6.1 Written description and flowchart	3.6.1 PM, Branches, Providers	3.6.1 August 2007
		Train and monitor training across the system on core components of quality management; train through didactic and modeling/ mentoring/ coaching-link this	Training curriculum and training scheduled/documentation of training	PM, Branches, Providers; CSO	June 2009

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		initiative to Work Force Development			
		3.6.2 Build organizational practices and infrastructure that support managing performance management ("culture of performance") integrated at all levels of system; make this a major CAMHD initiative.	Evidence of Quality Assurance and Improvement Programs in all entities: CAMHD and providers	PM, Branches, Providers	December 2010
		3.6.3 Integrate the use of performance data at the level where program and quality of care decisions are made.	Minutes reflecting discussion of performance	PM, Branches, Providers	April 2008
		3.6.4 Provide technical assistance to anyone requesting it regarding how to build performance management systems and practices.	Log of requests/offers for TA	PM	December 2007
		3.6.5 Execute contract to export use of "client to system" level data from CAMHMIS to providers as defined by data that is linked through the client-level to data about performance of MHCCs, to caseloads, to Branches, to the entire system.	Contract for provider access to specific data	Contractor	January 2007
		3.6.6 Share best practices in QA that are working across system	Standing agenda item in Provider Quarterly Meetings/Branch meetings and Newsletters	Provider Relations Specialist, PM and Branches	June 2007

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		3.6.7 Strengthen assessment and monitoring practices to support enhancement and development of performance management practices	Monitoring protocol	PM	April 2008

3.7	*Consistently communicate performance data with community and stakeholders*	3.7.1 Determine what data should go to what stakeholders	Data list	PISC	January 2008
		3.7.2 Develop detailed and specific Communications Plan with timetables	Communications Plan	PM/PISC	March 2008
3.8	***Strengthen Branch QA practices***	3.8.1 - Establish core QA practices expected across Branches linked to CAMHD QAIP and QA practice model	Written description of core QA practices	QAS/PM and BC and other designated FGC staff (Make a priority to have FT QAS in all branches)	June 2007
		3.8.2 - Identify barriers to implementing QA practices consistently across Branches	List of barriers	QAS and BC and other designated FGC staff	December 2007
		3.8.3 - Implement strategies for addressing barriers, e.g.: training, efficiencies in data collection; policy development, etc.	Plans to address barriers for each Branch	Branch Management/ QA Teams	March 2008
		3.8.4 - Develop ways to create working relationships and partnerships with local providers around QA practices and sharing data.	Agenda/Minutes of Provider-Branch meetings	Branch Management Teams	June 2007
		3.8.5 - Implement an "inter-rater" program for monitoring areas among the FGCs: example-Quality Assurance Specialist periodically rates Coordinated Service Plan Quality for another Family Guidance Center	Written program description	QAS/PM and BC and other designated FGC staff	December 2007

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		3.8.6 - Assure recommendations for improvement are implemented and are reported on (feedback loop) at Branch Quality Assurance meetings and to the CAMHD Performance Improvement Steering Committee (PISC)	Meeting minutes/recommendation forms	QAS/Branch Chiefs and BC and other designated FGC staff	March 2007
		3.8.7 - QAS meeting quarterly at a minimum, evaluate need for more frequent meetings.	Meeting minutes	QAS/PM and BC and other designated FGC staff	January 2007/December 2010
		3.8.8 - Develop evaluation methodology to assess organizational climate and organizational culture including "real-time" observation of operations (e.g.: Quality Assurance meetings, management meetings, case review meetings, trainings, and supervision sessions.	Evaluation protocol	PM	July 2008
3.9	*Strengthen provider QA practices*	Please note that this goal is addressed by the same initiatives as in 3.1 3.9.1 Develop standards for key components of quality management programs	Written standards for key components of quality management programs.	PM, Branches, Providers	June 2007
		3.9.2 -Describe a "practice model" for Hawaii's mental	Narrative description and supporting graphics of the	Providers, PM, Branches, CSO	June 2007

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		health service system's performance management that will build uniform performance management theories and practices in all care settings.	practice model		
		3.9.3 - Define performance management infrastructure that needs to be in place at various levels of the service system and how describe how performance data review and decision making on improvements should flow in our systems.	Written description and flowchart (of the structures and performance data flow	PM, Branches, Providers	August 2007
		3. 9.4 - Train and monitor training across the system on core components of quality management; train through didactic and modeling/ mentoring/ coaching	Training curriculum and training scheduled/documentation of training/monitoring tools	PM, Branches, Providers	June 2009
		3.9.5 - Build organizational practices and infrastructure that support managing performance management ("culture of performance") integrated at all levels of system; make this a major CAMHD initiative.	Evidence of Quality Assurance and Improvement Programs in all entities: CAMHD and providers	PM, Branches, Providers, EMT	December 2010
		3. 9.6 - Integrate the use of performance data at the level where program and quality of care decisions are made.	Minutes of meetings in the Central Office, Branches and provider agencies reflecting discussion of performance and decisions about improvements based on review of data.	PM, Branches, Providers, MIS	April 2008

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		3.9.7 - Provide technical assistance to anyone requesting it regarding how to build performance management systems and practices.	Log of requests/offers for TA	PM, RES, MIS	December 2007
		3.9.8 - Execute contract to export use of client level data from CAMHMIS to providers.	Contract for provider access to specific data	Contracts, MIS, PM, RES	January 2008
		3.9.9 - Share best practices in QA that are working across system	Standing agenda item in Provider Quarterly Meetings/Branch meetings and Newsletters	Provider Relations Specialist, PM, Providers and Branches	June 2007
		3.9.10 - Strengthen assessment and monitoring practices to support enhancement and development of performance management practices	Monitoring protocol	PM	April 2008
		3.9.11 - Develop evaluation methodology to assess organizational climate and organizational culture including "real-time" observation of operations (e.g.: Quality Assurance meetings, management meetings, case review meetings, trainings, and supervision sessions.	Evaluation protocol	PM	July 2008
3.10	*Strengthen the quality of performance monitoring practices with a focus toward improving provider practice*	3.10.1 - Implement newly created tools	Provider Monitoring Reports	PM	January 2007

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	competencies				
		3.10.2 - Evaluate the effectiveness of tools	Evaluation report	PM	May 2007
		3.10.3 - Train monitoring staff to build their competencies and knowledge of best practices	Training curricula/sign-in sheets	PM, CSO	December 2007
		3.10.4 - Assure timely reports.	3.10.1 Tracking reports measure met	PM	January 2007
		3.10.5 - Strengthen feedback and data presentation of monitoring reports/feedback with a focus on presenting case based review findings and practice strengths and areas for improvement	Positive provider evaluation of reports	PM	May 2007
		3.10.6 - Strengthening linkages to and provision of technical assistance and training for improving practices	Training and consultation log	PM, CSO	September 2007
		3.10.7 - Develop protocol for developing a system with levels to determine review intensity that addresses the frequency of reviews and/or depth of reviews	Protocol	PM	April 2007

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PRIORITY AREA #4: IMPLEMENT AND MONITOR A COMPREHENSIVE WORKFORCE DEVELOPMENT PROGRAM

Broadly stated 4 year goals: Demonstrate the availability of a diverse competent workforce at all professional levels in all communities of the state
Demonstrate the availability of EBS or EB practices in all communities of the state
Demonstrate strong cross agency partnerships with all institutions of higher ed.

MP #	GOAL	INITIATIVE	DELIVERABLE PRODUCT	UNIT(S) RESPONSIBLE	DATE DUE
4.1	*EXPAND/STRENGTHEN ACADEMIC LIAISONS TO IMPACT PRESERVICE EDUCATIONAL PROGRAMS*	**4.1.1** - Clarify and modify language in ongoing UH MOAs (social work, nursing, psychology, psychiatry, and education) to emphasize exposure to system of care values and principles (CASSP), performance management and evidence based service elements. Incorporate all applicable initiative and deliverable products into the MOAs. identify scope of services; itemize learning objectives and train to objectives.	Finalized MOA's submitted to EMT	CSO/Contracts	June 2007
		4.1.2 - Develop MOAs with Argosy, Chaminade and HPU Incorporate all applicable initiative and deliverable products into the MOAs.	Finalized MOAs submitted to EMT	CSO/Contracts	Jan 2008
		4.1.3 - Develop MOAs with Community Colleges and/or other relevant units of UH	Finalized MOAs submitted to EMT	CSO/Contracts	Jan 2008

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		(e.g. Family Relations in UHM Tropical Ag) regarding a system of care, direct care staff certification or curriculum and student placements within the CAMHD system a. Examine existing models (Alaska) of providing entry-level training to mental health care workers. B, Incorporate all applicable initiatives and deliverable products into the MOAs.			
		4.1.4 -Support higher education institutions in developing rural or distance learning opportunities	Finalized MOAs to all higher education institutions that include language specifying particular considerations for neighbor island students and distance learning as appropriate;	CSO/Contracts	Jan 2008
		4.1.5 - Develop outreach program to high schools regarding career opportunities in children's mental health care a. Identify contacts at colleges and high schools to examine current recruitment efforts (including other disciplines). b. Explore options for partnering or adapting current existing recruitment models.	Program Plan and Curriculum options provided to Division Chief	DOE/CSO/FGC staff	July 2009

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		Focus on recruitment into Child and Adolescent Mental Health.			
		4.1.6 – Upon completion of MOAs with Higher Ed, develop a group that discusses linkages and sustainability and a comprehensive approach to pre-service training for the children's mental health workforce	Hold Child & Adolescent Mental Health Education Summit to initiate discussion and collaboration among institutions, and form a Consortium; provide agenda and minutes to PISC.	Chiefs Office	Jan 2008
			Plan for interagency learning initiative incorporating distance-learning options provided to EMT/Higher Ed institutions.	Consortium of Higher Ed Institutions who have formal relationships with CAMHD/CSO	July 2009
4.2	***STRENGTHEN INTERAGENCY AGREEMENTS RE: WORKFORCE & PRACTICE DEVELOPMENT***	**4.2.1** -Develop interagency (child welfare, education, juvenile justice, DD) agreement re: what is expected of UH in our separate academic liaison agreements. (So that we are asking for similar core competencies) Convene meeting with agency partners to compare individual needs and develop shared plan.	Meeting agenda and minutes submitted to PISC	CSO/Contracts/Chief's Office	July 2008
		4.2.2 - - Create cross agency	Agenda and minutes from	Clinical Service Office	Sept 2008 and

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		Practice Development Committee in order to assure that training needs are being met in a consistent manner across child serving agencies (child welfare, education, EIS, JJ)	initial meeting submitted to PISC	(CSO)	on-going
4.3	DISSEMINATION OF EVIDENCE BASED SERVICES AND MONITOR THE UTILIZATION OF EBS	**4.3.2** – Shift the focus of the activities of the EBS Committee from coding the literature to synthesis and dissemination	An annual work plan for EBS Committee submitted to PISC	CSO/UH	June 2007
		4.3.3 - Develop annual priority areas for EBS coding focus	An annual work plan for EBS Committee submitted to PISC	EBS/CSO to EMT	June 2007
		4.3.4 – Produce biennial EBS report	Reports posted on the WEB and disseminated to providers and CAMHD clinical staff	UH/CSO/Research and Evaluation Specialist/Webmaster	Sept 2008 and on-going
		4.3.5 -Develop & disseminate EBS fact sheets/pamphlets to youth, families, child serving partners	Fact sheets and pamphlets in at least 2 areas provided to FGC and partner agencies. Fact sheets and pamphlets in at least 4 additional areas provided to FGC and partner agencies.	UH/CSO UH/CSO	Sept 2008 Sept. 2009
		4.3.6 -Provide annual priority for the training on specific EBS services. This may include importing packaged E-B approaches into the state.	Annual Training Plan submitted to PISC	CSO to EMT	July 2007

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		4.3.7 – Evaluate MTPS practice element outcomes and continue development and use of system evaluation and refinement linking EBS and CAMHD research and evaluation	Research report provided to EMT	CSO/Research and Evaluation Team/UH	Sept 2009
4.4	STRENGTHEN CORE COMPETENCIES OF CURRENT WORK FORCE	**4.4.1** – Define the core competencies of care coordinators, paraprofessional MH workers (line level staff), clinicians, and clinical supervisors, including evidence based services.	Detailed objectives for foundation training to PISC	Discipline Groups/CSO to EMT	December 2007
		4.4.2 – Develop annual plan for training on core competencies including some ongoing booster training. This will include foundation training for clinical staff and training in a basic EBS supervision model for supervisors.	Annual training plan to PISC	Training Committee to PISC	July 2007 And on-going
		4.4.3 -Develop standardized curricula for training on core competencies	Part one of training manual to PISC Completed Training manual to PISC	CSO	July 2007 June 2008
		4.4.4 - Provide training based upon approved annual plan	Annual training calendar posted on the WEB	CSO	July 2007 And on-going
		4.4.5 - Develop annual plan for training on special populations/issues including but not limited to: LGBTQ, Attachment, Trauma, Resiliency & Protection	Annual training plan to PISC	CSO/Training committee	July 2007 And on-going

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		Factors, Recovery Model, Girls in JJ system, Serving children 3-9, DD, etc			
		4.4.6 -Provide training on special populations/issues	Annual training calendar posted on the WEB	CSO	July 2007 And on-going
		4.4.7 - Assure that trainings are available to all child serving agencies, youth and families.	Annual training calendar including sessions for neighbor islands posted on the WEB; training schedules provided to HFAA for dissemination	CSO	July 2008 And on-going
		4.4.8 - Maximize funding opportunities to support training	Report on utilizing Title IVE submitted to EMT	CSO/Resource Development/Planner	June 2007
		4.4.9 – Develop a plan for measuring the impact of EBS dissemination activities on provider practice.	Plan to PISC	RET/UH/CSO	June 2008
4.5	Increase collaboration with statewide professional guilds around training, professional development, EBS dissemination, etc. (i.e. NASW, HPA, HCAAP, etc)	**4.5.1**- Increase CAMHD staff participation in professional guilds	Listing of CAMHD staff on professional guilds	CAMHD State Planner and CSO	March 2007
		4.5.2 – Develop a policy regarding professional staff involvement in professional guild activities that includes provision for some participation to count as work time.	Draft policy to P & P committee	CAMHD Discipline Group with support from CSO and Personnel	June 2008

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PRIORITY AREA #5: IMPLEMENT AND MONITOR A STRATEGIC FINANCIAL PLAN

Broadly stated 4 year goals: Demonstrate a diversity of sustainable funding streams
Strengthen the expertise of Branches in financial operations
Achieved established thresholds for each funding source
Demonstrate braided and blended funding programs with all child serving agencies
Demonstrate routine system financial reporting to management team and community stakeholders

MP#	GOAL	INITIATIVE	DELIVERABLE PRODUCT	UNIT(S) RESPONSIBL E	DATE DUE
5.1	*STRENGTHEN TITLE XIX MEDICAID BILLING PRACTICES*				
	.	Develop payment methods for manual bills (MST, MTFC, FFT, Crisis Outreach, Crisis Hotline, Travel, CBR I, Medicaid eligible clinical services through ancillary funding)	Standardized Procedure	Resource Development (PHAO, MIS, Fiscal)	MST - January 2007 Travel – March 2007 MTFT – June 2007 CBR I – March 2007 FFT – Mid 2008 Ancillary – June 2007 CMO – Sept. 2007 Access line-Mid 2008
		Implement training to target audience regarding Title XIX billing	Training process implemented for standardized procedure	Resource Development (PHAO's, MIS, Fiscal)	Within 2 months of procedure completion/approvals
		Modify and implement pCard database to support CMS billing through MIS	PCARD Database modification complete and distributed.	PHAO/MIS	April 2007
		Integrate ECR with Medicaid billing for our CAMHD employed providers	Integrated system for charting and billing	Resource Development/MIS/CSO	December 2010
		Assure annual Medicaid reconciliation.	(MedQuest)/CAMHD agree reconciliation is	Division PHAO	December of every fiscal year

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			complete		
		Assure Medicaid is contacted annually regarding capitated rate.	Formal communication/Letter From Division Chief written and submitted to MedQUEST	Division PHAO/Chief	July of every fiscal year
		Assure State Plan Amendment changes to address financial needs of expanded services.	Plan from consultant that addresses financial needs of expanded services.	Resource Development Contracts management	June 2008
5.2	*STRENGTHEN RANDOM MOMENT SURVEY BILLING*	Develop a standardized training module for all involved staff.	Handouts, Powerpoint presentations and self training manual.	Resource Development/CSO	June 2007
		Implement standardized training module	Confirming documents that identified target audience was trained	Resource Development/CSO (Training Committee)	December 2007
		Assure list of CAMHD providers is maintained and current with ASO staff who manages the RMS. Assure it includes TA's, Temps, New employees.	Assign CAMHD liaison/Project lead with ASO	Personnel/PHAO	April 2007
			Current list of CAMHD providers who are eligible to be part of the RMS.	Personnel/PHAO	April 2007 ongoing monthly
		Implement and track training of current and future staff.	Training schedule or log that matches p Procedures	Personnel/PHAO	September 2007 Ongoing monthly
5.3	STRENGTHEN TITLE IVE BILLING – SERVICES TO				

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	CHILD WELFARE YOUTH				
		Complete a systematic review of Federal Regulations that impact Title IVE operations	Report/resource manual of applicable regulations	Resource Development	January 2008
		Complete a standardized billing process for Title IVE	P&P	Resource Development P&P Committee	June 2008
5.4	STRENGTHEN TITLE IVE BILLING TRAINING OF CASE MANAGERS and identified stakeholders (Example: DOE, JUVENILE JUSTICE, DOH, DHS, DDD, OYS, AMHD)				
		Complete the indicated State Training Plan	Training plan submitted to State	CSO/Resource Development/PHAO	September 2007
		Develop and implement a training plan that appropriately utilizes Title IV	Training plan and documentation of implementation	CSO/Resource Development	December 2007 and annually thereafter
		Complete standardized billing process	P&P	Resource Development	June 2008
		Complete annual targets for Title IVE billing	Submit as part of annual revenue projections	CSO/Resource Dev/PHAO	September 2008 and annually thereafter
5.5	STRENGTHEN BRAIDED AND BLENDED FUNDING AGREEMENTS – DHS, OYS, JJ, DOE, DDD, AMHD				
	.	Establish contacts, identify needs, review past contracts, mutual agreement on joint funding	Template MOA (child specific) for every agency for all major services	Resource Development/ Contracts	June 2008

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		Formally establish a Liaison between CAMHD and the identified agencies	List of Liaisons that is current	Resource Development/Branch Chief	August 2007
5.6	MAXIMIZE FEDERAL FUNDING & COMMUNITY GRANT OPPORTUNITIES	Assign duties to monitor funding and grant opportunities.	Monitoring Log	Resource Development	January 2007 ongoing monthly
		Develop the standardized start-up process for every new grant.	Standardized procedure/Flow chart	Resource Development/Fiscal	June 2007
		Achieve $25 million of new money by end of calendar year.	Contract Awards	Resource Development/UH partners	December 2011
5.7	DEVELOP THIRD PARTY BILLING RELATIONSHIPS				
	.	Develop an internal expertise through a contracted expert regarding federal and state regulations/options for TPL.	Internal guidelines when CAMHD must drop a third party bill	Resource Development/Contracts Management/MIS	December 2007
		Complete a start-up plan to implement TPL billing (build or buy?)	Report to Administration from consultant/State resources	Resource Development/Contracts/ MIS	December 2008
		Develop an implementation plan	Implementation Plan	Resource Dev./MIS	March 2009
5.8	IMPLEMENT ROUTINE FINANCIAL REPORTING SYSTEM				
		Establish procedures for the monitoring of monthly FGC financial indicators	Written Procedure	PHAO/Branch Chief	March 2007 ongoing monthly
		Develop a process such as a control chart methodology to monitor and provide	Standardized process	PHAO/MIS	April 2007

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		monthly feedback regarding FGC clinical expenditures			
		Implement/monitor flexible clinical services budget for each FGC	Standardized process	PHAO/Branch Chief/MIS	December 2008

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PRIORITY AREA #6: IMPLEMENT AND MONITOR STRATEGIC INFORMATION TECHNOLOGY PROGRAM

Broadly stated 4 year goals: Evaluate and implement electronic clinical record system
Integrate and standardize CAMHD data system wide (all branches, FCLB, Kauai)
Implement data sharing among CAMHD providers and branches
Sustain an integrated clinical outcome, financial billing data system, and UM system
Implement electronic forms to streamline direct care work
Implement a youth developed, youth friendly mental health website
Implement a family focused, family friendly mental health website

MP #	GOAL	INITIATIVE	DELIVERABLE PRODUCT	UNIT(S) RESPONSIBLE	DATE DUE
6.1	*IMPLEMENT ELECTRONIC CLINICAL RECORD SYSTEM (ECR) INCLUDING INTEGRATED ELECTRONIC FORMS AND ELECTRONIC SUBMISSION OF FORMS*	6.1.1 – Develop an ECR implementation plan after collecting broad input and feedback and design specifications including feedback about data sharing among CAMHD providers and branches, integration with current CAMHMIS system, and integration for use with Fiscal and Performance Management	1 IT Strategic Plan Task Force established 2 ECR Form Integration Task Force established 3 Hire Consultant, develop rough draft of ECR System specifications and requirements, finalize system specifications and timelines including specifications and requirements based on: • CAMHD work practices of MHCC's,	1. IT Strategic Plan Task Force, ISD Committee, Provider Agencies 2. IT Strategic Plan Task Force, ISD Committee, Provider Agencies 3. EMT, IT Strategic Plan Task Force, ISD Committee, ECR Form Integration Task Force, Provider Agencies	1. March 2007 2. March 2007 3. January 2008

			MHS's, CP's, and CD's • Agency & FGC feedback • CAMHD feedback (CSO, Fiscal, PM) • CAMHD reporting requirements • Interface with third party billing • Provider-FGC interface • Existing data/program to be used with new system • HIPAA compliance • Need for archiving of existing documents • Etc.		
		6.1.2 – Based on specifications and requirements identify key system design and development work for the	7 Step Plan for Key System Design and Development	IT Strategic Plan Task Force, ECR Form Integration Task Force, ISD Committee, PM, Fiscal, and HISO	January 2008

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				representatives	
		ECR System with Integrated Electronic Forms and Form Submission			
		6.1.2.1 – Develop Integrated Electronic Forms and Form Submission Plan for ECR	ECR Form Integration Task Force and Completed Integrated Electronic Forms and Form Submission Plan	ECR Form Integration Task Force, IT Strategic Plan Task Force, ISD Committee	May 2007
		6.1.2.2 – Catalog various CAMHD paper forms that are used routinely	Form Catalog	ECR Form Integration Task Force	June 2007
		6.1.2.3 – Evaluate accuracy and usefulness of forms	Form Accuracy Checklist and report	ECR Form Integration Task Force	June 2007
		6.1.2.4 - Development & Implement Forms To Streamline Work	Updated Form Catalog with Final Streamlined Forms	ECR Form Integration Task Force	July 2007
		6.1.2.5 – Develop mechanisms for forms to be on-line or intranet	Integration Plan with ECR or Internet	ECR Form Integration Task Force and Vendor/Developer if selected	August 2007
		6.1.2.6 – Complete Electronic Plan	Catalog and Classification of Forms as Manual, Backup, ECR, or Internet	ECR Form Integration Task Force and Vendor/Developer if selected	September 2007
		6.1.3 – Develop timelines for system design and development	Timeline specification for each of 7 Steps	IT Strategic Plan Task Force, ISD Committee	January 2008
		6.1.4 – Based on IT and ECR Form Integration Task Force	ECR System Installed with User	IT Strategic Plan Task Force, ECR Form	January 2008

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		Recommendations Design and develop ECR system with Integrated Electronic Forms and Form Submission	Customization	Integration Task Force, and selected Vendor/Developer and HISO Representative, FGC Representatives, and CAMHMIS Representative	
		6.1.5 – Develop Implementation And Training Plan for ECR system with Integrated Electronic Forms and Form Submission	ECR Implementation and Training Plan	CSO, CAMHMIS, CAMHD Training Committee	November 2007
6.2	*EVALUATE QUALITY PERFORMANCE OF CAMHMIS ON ONGOING BASIS*	6.2.1 Define specific performance expectations of the information system	List of Definitions of Performance Expectations	CSO, CAMHMIS, and Performance Management, Provider representatives, FGC CD's and CP's	March 2007 and ongoing
		6.2.2 – Define specific performance targets/indicators expected	List of Definitions of CAMHMIS Performance Metrics	CSO, CAMHMIS, and Performance Management	January 2008 and ongoing
		6.2.3 – Develop evaluation process	CAMHMIS Performance Evaluation Plan	CSO, CAMHMIS, and Performance Management	January 2008 and ongoing
		6..2.4 -Conduct evaluations	CAMHMIS Performance Evaluation Implementation Plan	CSO, CAMHMIS, and Performance Management	June 2008 and ongoing
		6.2.5 – Share findings	CAMHMIS Performance Results and Recommendations Report, CAMHMIS	CSO, CAMHMIS, and Performance Management	September 2008 and ongoing

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			Communication Plan		
		6.2.6 – Implement improvement activities based on findings	Schedule for CAMHMIS Corrective Action Plan	CSO, CAMHMIS, and Performance Management	December 2008
6.3	IDENTIFY AND GAIN FUNDING SUPPORTS FOR CAMHMIS	6.3.1 – Define 4 yr. Funding needs	Funding Estimate Budget Projection	CSO CAMHMIS, and Fiscal Office	March 2007
		6.3.2 – Identify potential funding sources	Funding Source Laundry List	CAMHMIS, Fiscal Office, CAMHD Planner	March 2007
		6.3.3 – Develop plans to access diverse funding	Funding Plan for Laundry List Elements	CAMHMIS, and Fiscal Office	March 2007
		6.3.4 – Secure Funding for FY 08-09	Funding Authorized	IT, CSO, Contracts	ongoing
6.4	IMPLEMENT YOUTH DEVELOPED INTERNET WEBSITE ON EMOTIONAL HEALTH	6.4.1 Input from Youth about Web Site development	Youth Survey and Interview	HFAA, Youth Council, CSO Resource Management, ISD	October 2007
		6.4.2 – Define specs base on youth input, include information from anti-stigma initiative	Web Specifications for Youth Site	HFAA, Youth Council, Fiscal	January 2008
		6.4.3 Define funding to support	As Above 6.3.2	HFAA, Youth Council, Fiscal	January 2008
		6.4.4 – Selection of funding Option (bid, grant, etc.)	As Above 6.3.3	HFAA, Youth Council, Fiscal	January 2008
		6.4.5 – Monitor for hits and usage	Monitoring web hits and usage Implementation Plan	HFAA, Youth Council, Fiscal, CAMHMIS	January 2008
		6.4.6 – Increase Youth Awareness Of Web Site/CAMHD	Marketing and publicity plan	EMT, HFAA, Youth Council, Fiscal, CAMHMIS	January 2008
6.5	Strengthen quality of CAMHD website	6.5.1 – Updated design of CAMHD Website to make it more user friendly, useful,	1. Web Task Force established	1. EMT, CAMHD Webmaster (TBD)	1. January 2007 2. November 2007

		and contemporary	2. Website Redesign Plan including • obtaining needed consultations to update usability and look • provider section • section • youth section • care coordinator section • ability to change and update • web-based calendaring for CAMHD and FGC's • calendar of events, trainings • sign-up for rooms and facilities) 3. Implemented Redesigned CAMHD Website	2. EMT, Web Task Force and CAMHD Webmaster (TBD) 3. EMT, Web Task Force and CAMHD Webmaster (TBD)	3. January 2008
		6.5.1.1 – Put current versions P&Ps and forms on current	P&P's, forms, monitoring tools, training curriculum,	CAMHD Webmaster (TBD)	April 2007

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		CAMHD website	and links on line		
		6.5.1.2 – Maintain current versions of P&P's and forms on current CAMHD website	Online Maintenance Plan	CAMHD Webmaster	April 2007
		6.5.1.3 – Put monitoring tools, training curriculum on current CAMHD website	As above	CAMHD Webmaster	April 2007
		6.5.1.4 – Links to CMHS, FOF, HFAA, NMHA, etc., on current CAMHD website	As above	CAMHD Webmaster	April 2007
		6.5.2 – Transfer all web content on current CAMHD website to Redesigned CAMHD Website	Online Maintenance Plan	CAMHD Webmaster	January 2008
6.6	Stabilize hardware and software allocation	6.6 1 Define typical use protocols for hardware and software upgrades	Software and Hardware Upgrade Plan, Current Software and Hardware Deployment, and Maintenance and Upgrade Schedule including: - User rights and administrative rights - User software installation and upgrade	CAMHMIS, PHAO's, ISD Committee	January 2008

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			• rights • Hardware installation and upgrade methods		
		6.6.2 Develop budget projections considering hardware and software needs	Budget based on 6.6.1	CAMHMIS & Fiscal	January 2008
		6.6.3 Hardware (desktops, notebooks, wireless, security protocols)	Budget based 6.6.3	CAMHMIS & Fiscal	January 2008
6.7	Strengthen quality of training re: use of IT		See 6.1.10 and Training Plan for other IT functions not ECR.	CAMHMIS	June 2008
6.8	Maintain development of CAMHMIS for CRM, MTPS, tools, dashboards.		Maintenance Plan including obtaining user feedback to CAMHMIS to refine, modify, update, and new additions and to communicate changes to end users.	ISD Committee	Ongoing
6.9	Develop Tele-health/medicine program system (Medical informatics) and integrate with IT	Explore possible funding sources (Medicaid, grants)	Tele-health/medicine funding sources available.	CAMHD Planner	June 2010

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PRIORITY AREA #7: IMPLEMENT AND MONITOR STRATEGIC PERSONNEL MANAGEMENT PLAN

Broadly stated 4 year goals: Define and monitor workload structure for licensed clinicians
                                      Demonstrated ability to recruit and retain personnel

MP #	GOAL	INITIATIVE	DELIVERABLE PRODUCT	UNIT(S) RESPONSIBLE	DATE DUE
7.1	Clarify and define workload structure for CAMHD licensed clinicians	7.1.1 –Develop a task force to define workload expectations for licensed clinical staff	1. Task force formed 2. Executive summary report to EMT for consideration and approval	1. BC, CSO, PM, Fiscal	1. January 2007 2.March 2007
7.2	Implement task force recommendations approved by EMT for workload structure for licensed clinicians	7.2.1 Amend and develop CAMHD policy and procedures Reflecting changes approved by EMT	1. Newly developed and amended P&P 2. Presented for EMT approval	Task Force	1. June 2007 2. July 2007
7.3	Implement new P&P related to licensed clinicians workload	7.3.1 – Develop monitoring tools	1. Monitoring tools	1. BC, MIS	1. July 2007
7.4	ASSURE ORGANIZATIONAL FRAMEWORK SUPPORTS EFFECTIVE PRACTICES	7.4.1 Complete Central Office reorg	1. Functional Statements and Organizational Charts completed for each central office section. 2. Position Variances completed for each central office section as needed 3. Central Office Reorg concept and proposal	1. Managers 2. Managers 3. RM Supervisor	1. August 2006 2. October 1, 2006 3. Sept 15 2006

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MP #	GOAL	INITIATIVE	DELIVERABLE PRODUCT	UNIT(S) RESPONSIBLE	DATE DUE
			outline submitted to Division Chief		
			4. Rough draft of central office reorg proposal and abbreviated concept memo completed	4.RM Supervisor	4. Oct 15 2006
			5. Meeting held with HRD on central office reorg proposal	5. Division Chief, Planner, RM Supervisor	5. Oct 30, 2006
			6. Required changes incorporated and submission of final draft of Central Office reorg proposal	6. RM Supervisor	6. Nov 1, 2006
		7.4.2 FGC / QA Sp / Med Directors Reorg	1. FCLB and HNL reorganization proposal completed	1. Planner	1. 8/30/06
			2. Draft reorg proposal and abbreviated concept memo	2. Planner	2. Sept 30, 2006
		7.4.3 Periodic review of org chart for updates	1. All FGC, sections review org chart annually and submit updates	1. Branch Chiefs, Managers	1. Annually starting January 2007
7.5	RURAL AND NEIGHBOR ISLAND WORKFORCE	7.5.1 -Support UH in development of distance learning/remote participation in higher education	Finalized MOA's to all higher education institutions that include language specifying particular considerations for neighbor island students and distance learning (as	Contracts/ Chiefs Office	January 2008

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MP #	GOAL	INITIATIVE	DELIVERABLE PRODUCT	UNIT(S) RESPONSIBLE	DATE DUE
			appropriate)		
		7.5.2 – Consider adaptations of service array and supports based upon need	Clinical Waiver P&P submitted to PISC	CSO	June 2007
		7.5.3 – Support recruitment of local community members into higher education with commitment to return to community	Link CAMHD funding for students to members of neighbor island communities with a service commitment in MOAs. As appropriate	Contracts/Chiefs office	January 2008
		7.5.4 – Develop incentives for psychologists and psychiatrists for neighbor island/rural work	Incentive plan given to Division Chief	Branch Chiefs & Fiscal	Jan 2008
		7.5.5 - Explore other incentives for staff who work in neighbor island/rural communities (travel to Oahu, support for educational opportunities, etc)	Incentive plan given to Division Chief	Branch Chiefs & Fiscal	Jan 2008
7.6	RECRUITMENT & RETENTION INITIATIVE	**7.6.1** - Conduct salary evaluation of child psychiatrists	Provide summary of psychiatric salaries in Hawaii to Division Chief	Fiscal	July 2008
		7.6.2 - Adjust salary level of the psychiatrists accordingly	Payroll plan to Division Chief	Personnel	Sept 2008
		7.6.3 - Evaluate and work with DHRD, HRO, union, to implement corrective salary adjustment for clinical psychologists	Obtain more competitive salaries	BC, CAMHD Personnel	Mar 2007

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Child and Adolescent Mental Health Division
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MP #	GOAL	INITIATIVE	DELIVERABLE PRODUCT	UNIT(S) RESPONSIBLE	DATE DUE
		7.6.4 Identify valid, reliable, efficient surveys that provide constructive feedback to management	Summary report with recommendation to PISC PISC recommended action plan to EMT	Task force committee (Chief Task force) w/representation from cross sections of CAMHD PISC & EMT	December 2007 March 2008
		7.6.5 Conduct, analyze and make recommendations from employees' survey	Staff satisfaction implementation plan	Respective Program Managers	July 2008 & annually
7.7	Insure that MHCC workloads are reasonable by establishing "safety net case management once the average caseload of a section exceeds 20..	7.7.1 Include additional staffing needs in budgetary requests based on census trend data. 7.7.2 Contract for case management in the event CAMHD personnel resources are exhausted.	7.7.1 Budget includes requests for additional staffing as needed. 7.7.2 Contracts drafted and executed.	CAMHD PHAO and FGC BCs and PHAOs CAMHD Contracts	1/07 and ongoing July 2008

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